

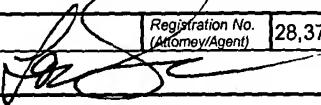
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>UTILITY</b> <b>PATENT APPLICATION</b> <b>TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<b>Attorney Docket No.</b> M4065.0531/P531-A <b>First Inventor</b> Werner Juengling <b>Title</b> A REVERSE METAL PROCESS FOR CREATING <b>A METAL SILICIDE TRANSISTOR GATE</b> <b>STRUCTURE</b> <b>Express Mail Label No.</b>																																																							
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>Customer Window, MS Patent Application</b> <b>U.S. Patent and Trademark Office</b> <b>ADDRESS TO:</b> 2011 South Clark Place <b>Crystal Plaza Two, Lobby, Room 1B03</b> <b>Arlington, Virginia 22202</b>																																																							
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <span style="border: 1px solid black; padding: 2px;">10/230,203</span> <b>Prior application information:</b> Examiner <span style="border: 1px solid black; padding: 2px;">S. Foong</span> Art Unit: <span style="border: 1px solid black; padding: 2px;">2823</span>																																																									
<b>For CONTINUATION OR DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.																																																									
<b>19. CORRESPONDENCE ADDRESS</b> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> <input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 2px;">24998</span> </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> OR </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Correspondence address below </td> </tr> <tr> <td colspan="3" style="border-top: 1px solid black; padding-top: 5px;"> Name <span style="border: 1px solid black; padding: 2px;">DICKSTEIN SHAPIRO MORIN &amp; OSHINSKY LLP</span>  Thomas J. D'Amico </td> </tr> <tr> <td colspan="3" style="border-top: 1px solid black; padding-top: 5px;"> Address <span style="border: 1px solid black; padding: 2px;">2101 L Street NW</span> </td> </tr> <tr> <td colspan="3" style="border-top: 1px solid black; padding-top: 5px;"> City <span style="border: 1px solid black; padding: 2px;">Washington</span> State <span style="border: 1px solid black; padding: 2px;">DC</span> Zip Code <span style="border: 1px solid black; padding: 2px;">20037-1526</span> </td> </tr> <tr> <td colspan="3" style="border-top: 1px solid black; padding-top: 5px;"> Country <span style="border: 1px solid black; padding: 2px;">US</span> Telephone <span style="border: 1px solid black; padding: 2px;">(202) 785-9700</span> Fax <span style="border: 1px solid black; padding: 2px;">(202) 887-0689</span> </td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black; border-bottom: 1px solid black; padding-top: 5px;"> Name (Print/Type) <span style="border: 1px solid black; padding: 2px;">Thomas J. D'Amico</span> </td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; padding-top: 5px;"> Registration No. (Attorney/Agent) <span style="border: 1px solid black; padding: 2px;">28,371</span> </td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; padding-bottom: 5px;"> Signature  </td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;"> Date <span style="border: 1px solid black; padding: 2px;">September 30, 2003</span> </td> </tr> </table>				<input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 2px;">24998</span>	<input type="checkbox"/> OR	<input type="checkbox"/> Correspondence address below	Name <span style="border: 1px solid black; padding: 2px;">DICKSTEIN SHAPIRO MORIN &amp; OSHINSKY LLP</span> Thomas J. D'Amico			Address <span style="border: 1px solid black; padding: 2px;">2101 L Street NW</span>			City <span style="border: 1px solid black; padding: 2px;">Washington</span> State <span style="border: 1px solid black; padding: 2px;">DC</span> Zip Code <span style="border: 1px solid black; padding: 2px;">20037-1526</span>			Country <span style="border: 1px solid black; padding: 2px;">US</span> Telephone <span style="border: 1px solid black; padding: 2px;">(202) 785-9700</span> Fax <span style="border: 1px solid black; padding: 2px;">(202) 887-0689</span>			Name (Print/Type) <span style="border: 1px solid black; padding: 2px;">Thomas J. D'Amico</span>		Registration No. (Attorney/Agent) <span style="border: 1px solid black; padding: 2px;">28,371</span>	Signature 		Date <span style="border: 1px solid black; padding: 2px;">September 30, 2003</span>																																	
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<b>FEE TRANSMITTAL</b> <b>for FY 2003</b>		<b>Complete if Known</b>																																										
Effective 01/01/2003, Patent fees are subject to annual revision.		Application Number	Not Yet Assigned																																									
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TOTAL AMOUNT OF PAYMENT <b>(\$)</b> 1,746.00		First Named Inventor	Werner Juengling																																									
		Examiner Name	Not Yet Assigned																																									
		Art Unit	N/A																																									
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<b>METHOD OF PAYMENT (check all that apply)</b>		<b>FEE CALCULATION (continued)</b>																																										
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <b>04-1073</b> Deposit Account Name <b>Dickstein Shapiro Morin &amp; Oshinsky LLP</b> The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<b>3. ADDITIONAL FEES</b>																																										
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